

**LARIMER COUNTY SHERIFF'S OFFICE**  
**Administration Division - Records Section**  
**MISC REQUEST**

Date of Request: \_\_\_\_\_

LCISO Report No: \_\_\_\_\_

All requests for miscellaneous RMS (Records Management System) records must be made through the Records Section of the Larimer County Sheriff's Office. A non-refundable fee, which will be determined at the time of the request, is required before request will be processed. This fee includes research, retrieval, review, and redaction, as well as copy fees. Additional fees may be assessed if request takes an inordinate amount of time. Cost for reproduction has been authorized by Colorado Revised Statute 24-72-306 and set by Larimer County Resolution 07012008R004.

**PLEASE PRINT**

Information Needed:
Date/Time and Nature of Incident:
Name and DOB of Person Involved
Special Instructions:

Name of Requester:	Relationship to Case:	
Company/Agency Name:		
Address:	City/State/Zip	Phone:
Reason Requesting:		
When request is complete (choose one) <input type="checkbox"/> Mail <input type="checkbox"/> Call to Pick Up <input type="checkbox"/> Fax <input type="checkbox"/> Email		
Email to: _____ Fax #: _____		

CRS 24-72-305.5 - Access to records - denial by custodian - use of records to obtain information for solicitation.

Records of official actions and criminal justice records and the names, addresses, telephone numbers, and other information in such records shall not be used by any person for the purpose of soliciting business for pecuniary gain. The official custodian shall deny any person access to records of official actions and criminal justice records unless such person signs a statement which affirms that such records shall not be used for the direct solicitation of business for pecuniary gain.

I affirm that I shall not use the requested information for direct solicitation of business for pecuniary gain and acknowledge that such violation is a class 3 misdemeanor under CRS 24-72-309.

Requester's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**RECORDS USE ONLY**

RECEIVED BY:	DATE:	RESEARCH FEE _____ Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waived	COPY FEE _____ @\$\$.25/page Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waived
PROCESSED BY:	DATE:	LOGGED <input type="checkbox"/> Yes <input type="checkbox"/> No	ADDITIONAL FEES DUE: <input type="checkbox"/> Yes <input type="checkbox"/> No
RELEASED BY:	DATE:	# OF PAGES RELEASED	ADDITIONAL FEES PAID: <input type="checkbox"/> Yes <input type="checkbox"/> No
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